



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

September 26, 2007

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Brothers Est. 1967, 1339 'O' Street requesting that Alex Coyle be approved as the manager of the class C liquor license.

Background information on the applicant is as follows:

Alex Coyle was born in Alexandria, Virginia. He attended the Greeley High School graduating in 1996.

Mr. Coyle has been employed by Brothers since 2000.

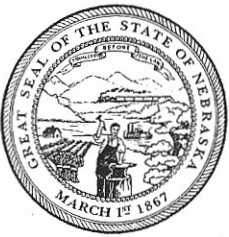
If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency





FILED

Set date 9/17
P. H. 10/1/07
STATE OF NEBRASKA

Dave Heineman
Governor

SEP 11 2007

CITY CLERK'S OFFICE
LINCOLN, NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION
Hobert B. Rupe
Executive Director
301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814
TRS USER 800 833-7352 (TTY)
web address: <http://www.lcc.ne.gov/>

September 10, 2007

Lincoln City Clerk
555 S 10th Street
Lincoln NE 68508-3993

Dear Clerk:

Enclosed is a copy of a manager application for **Alex C. Coyle** in connection with 1339 O Street Inc dba Brothers Est 1967, located at 1339 O Street, Lincoln NE.

Please present this application for manager to your Council and send us the results of their action.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

Jerilyn A Cash
Licensing Division

jc
encl.

cc: file

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

Pat Thomas
Commissioner

Liquor License Investigation

Business (DBA) Brother's

☒ Manager Owner Other _____

Name: Alex Coyle

US Citizen ? ☒ Yes No

Has applicant ever been cited for liquor law violations ? ☒ No Yes
Explain _____

Does applicant have an interest in another liquor license ? ☒ No Yes
Explain _____

Is spouse qualified to hold a license ? Yes No N/A

How is applicant if not an owner to be paid ? ☒ Salary Hourly

How many hours will applicant be at the establishment ? 70

Any other employment ? ☒ No Yes, explain _____

Any previous experience with a liquor license ? ☒ Yes No

Any criminal convictions ? ☒ No Yes
Comments _____

Is applicant a property owner in Lincoln ? Yes ☒ No

Is applicant involved in any civil litigation ? ☒ No Yes
Comments _____

☒ Photo ☒ Records Check ☒ References

Comments _____

Interview Date 9 / 26 / 07

Greely High - 1996

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

RECEIVED

SEP 7 2007

NEBRASKA LIQUOR
CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers ✓
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: 1339 "O" STREET, Inc.

Premise information

Premise License Number: 62308

Premise Trade Name/DBA: BROTHERS EST 1967

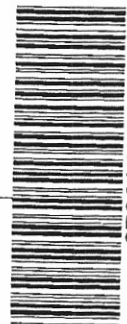
Premise Street Address: 1339 "O" STREET

City: Lincoln State: NE Zip Code: 68508

Premise Phone Number: 402-474-0200

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

Pres / CEO
CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)



1-800-855-1234

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: COYLE First Name: ALEX MI: C

Home Address (include PO Box if applicable): 3233 Fletcher Ave Apt 389

City: Lincoln State: NE Zip Code: 68504

Home Phone Number: _____ Business Phone Number: 402-474-0200

Social Security Number: _____ Drivers License Number & State: _____ NE

Date Of Birth: 08-09-78 Place Of Birth: ALEXANDRIA, VIRGINIA

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

Spouse's information

Spouses Last Name: N/A First Name: _____ MI: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM TO	CITY & STATE	YEAR FROM TO
3233 Fletcher Ave Apt 389 ^{Lincoln NE}	March 07	N/A	
1831 Valley Rd. Apt C ^{Lincoln NE}	Feb 03	N/A	
424 Walnut St, Exton, WI 54701 ^{Champaign IL}	June 97	N/A	

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
Nov 2000	Brothers Bate Gull	MARC FORNEY	612-850-4597
Spt 1998	Student Mgmt - ^{UW-Eau Claire} Davis Center	Julie Steinhilber	^{Please call the university at} 608-785-1111 ^{Eau Claire}

Manager and spouse must review and answer the questions below

PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES

☐ NO

If yes, please explain below or attach a separate page.

1- speeding ticket 1996 state of maine pd. fine.

3- stop light violations ? state of wisconsin pd. fine

1- seat belt violation ? state of wisconsin pd. fine

1- failure to yield 2003 state of ILL pd. fine

1- overcapacity ticket in conjunction with Brothers Bar & Grill Oct 2005
Champaign, ILL pd. fine.

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? IF YES, list the name of the premise.

☐ YES

☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

☒ YES

☐ NO

PRINTS ENCLOSED

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

x 

Signature of Manager Applicant

Signature of Spouse

State of Nebraska

County of Lancaster

County of _____

The foregoing instrument was acknowledged before me this 7th day Sept 07 by

The foregoing instrument was acknowledged before me this _____ by



Notary Public signature

Notary Public signature

